



Employee and Volunteer Emergency Contact Information

Employee Information:

Employee Name _____

Home Phone _____

Alternate Phone _____

Medical conditions we should be aware of during program hours:

(i.e. diabetes, asthmas, severe allergies)

Contact Person Information:

Contact person to be notified in the event of an emergency:

Name _____

Relationship to employee: _____

Phone (during program hours) _____

Alternate Phone _____

Address _____

The following information is optional and will be maintained in your personnel file:

Employee Name _____ Phone (during program hours) _____

Address _____ Zip _____

Doctor or Clinic _____

Address _____ Office Phone _____

Hospital Preference _____

Other medical conditions or allergies:

The emergency contact information that you provide in the boxed area will be available at Wisconsin Youth Company program locations. The availability of this information is a requirement of our risk management process and a licensing and accreditation regulation for all persons who potentially may come into contact with children in our programs. Please sign your acknowledgement on the following line.

In case of an emergency, I understand every reasonable effort will be made to reach my emergency contact on file. In the event they cannot be reached, I hereby give permission to Wisconsin Youth Company to act on my behalf to obtain emergency care and treatment if it is deemed necessary.

 Employee Signature _____ Date: _____